



## TOWN OF BLUFFTON INSULATION CERTIFICATE

Growth Management Customer Service Center  
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Bluffton, SC 29910  
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### Insulation Certification Before Insulation Inspection

**Permit Number:** \_\_\_\_\_

Location of Job Site: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Insulation Information

#### Insulation Values and Types

Wall Value R- \_\_\_\_\_ ☐ Batt ☐ Blown ☐ Open Cell Foam ☐ Closed Cell Foam  
Ceiling Value R- \_\_\_\_\_ ☐ Batt ☐ Blown ☐ Open Cell Foam ☐ Closed Cell Foam  
Floor Value R- \_\_\_\_\_ ☐ Batt ☐ Blown ☐ Open Cell Foam ☐ Closed Cell Foam  
Floor over Garage Value R- \_\_\_\_\_ ☐ Batt ☐ Blown ☐ Open Cell Foam ☐ Closed Cell Foam

Manufacturer: \_\_\_\_\_

Product: \_\_\_\_\_

#### Barrier Type Used

- ☐ Thermal Barrier (Storage)  
☐ Ignition Barrier (Equipment Only)

Manufacture: \_\_\_\_\_

Product: \_\_\_\_\_

### Certification

The Contractor hereby certifies the above referenced Insulation Certification is in accordance with the specification established by the International Residential Code, Professional Designer's specifications, and the manufacturer installation instructions.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of Contractor/authorized agent

\_\_\_\_\_  
Date